

**REMARKS/ARGUMENTS**

In the Office action dated December 28, 2008, the Examiner rejected claims 1-22 and 25-29 under 35 U.S.C. §103(a) as allegedly obvious over Stewart, et al. (U.S. Patent Publication No. 2002/0111618) in view of one or more of Cunningham, et al. (U.S. Patent No. 4,896,671), Bowe, et al. (U.S. Patent No. 6,771,996), and Webster, Jr. (U.S. Patent No. 5,836,875). In making these rejections, the Examiner asserts that Stewart discloses "a method of ablating *inner circumferences* of pulmonary veins." Office action, page 2 (emphasis added). The Examiner points to Figure 6 of Stewart as support for the contention that Stewart discloses ablating inside the pulmonary vein. However, Figure 6 depicts an ablation device that includes an ablation loop 144 and a balloon 136. As described at paragraphs 0098-0099, the Figure 6 device ablates *about* the pulmonary vein ostium. Although the balloon is positioned inside the pulmonary vein, the balloon is used to center the ablation loop *about* the pulmonary vein ostium, and does not perform any ablation procedures. Specifically, fluid is used to inflate the balloon, which upon inflation centers the ablation loop *about* the pulmonary vein ostium. Only the ablation loop receives ablation energy, and only the area of the left atrial wall *about* the pulmonary vein ostium is ablated. No ablation occurs inside the pulmonary vein. As such, Stewart fails to teach or suggest contacting the *inner* circumference of the tubular region with at least a portion of the outer circumference of the generally circular curve, and also fails to teach or suggest ablating the tissue along the *inner* circumference of the tubular region, as recited in independent claims 1, 13, 22, 25 and 28.

Moreover, Stewarts specifically teaches away from ablating the *inner circumference* of the pulmonary vein, noting that ablation of the tissue within the pulmonary vein may undesirably cause the vein to shrink or constrict. In addition, Stewart notes that ablation within the pulmonary vein may cause stenosis due to the relatively small diameter of the vein. Also, Stewart notes that ablation of tissue within the pulmonary vein may result in undesirable damage to other vital bodily structures located adjacent the vein. Column 2, lines 22-29. Given these concerns, Stewart discloses forming lesions in the left atrial wall *about* the pulmonary vein

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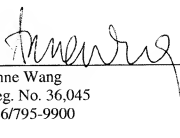
ostium. Column 2, line 30 through column 3, line 26. As such, the devices and methods disclosed in Stewart are specifically designed to treat tissue *outside* the pulmonary vein, contrary to the Examiner's assertion that the Stewart device ablates inner circumferences of pulmonary veins. As such, independent claims 1, 13, 22, 25 and 28, and all claims dependent therefrom, including claims 2-12, 14-21, 26, 27 and 29, are allowable over Stewart.

None of Cunningham, Bowe, Webster, Jr. remedy the deficiencies of Stewart as none of these references teach or suggest contacting the contacting the *inner* circumference of the tubular region with at least a portion of the outer circumference of the generally circular curve or ablating the tissue along the *inner* circumference of the tubular region, as recited in independent claims 1, 13, 22 and 25. In particular, Bowe discloses positioning the ablation system "around the ostium," and indicates that the ablation occurs on the *outer* circumference of the pulmonary vein. Column 14, lines 31-36.

Claims 1-22 and 25-29 remain pending in this application. In view of the above amendments and remarks, Applicant submits that all of pending claims 1-22 and 25-29 are in condition for allowance. Applicant therefore respectfully requests reconsideration and timely indication of allowance. However, if there are any remaining issues that can be addressed by telephone, Applicant invites the Examiner to contact Applicant's counsel at the number indicated below.

Respectfully submitted,  
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